

# Business Credential Application

**Remit to:**  
 State of Wisconsin  
 Department of Commerce-Credentialing  
 P.O. Box 78780  
 Milwaukee WI 53293-0780  
 Phone (608) 261-8467  
 TTY: Contact Through Relay  
 7:45 a.m. - 4:30 p.m.  
 E-mail: madisoncred@commerce.state.wi.us

☐ If you do not want your business phone number listed on our website, please check the box.

## Instructions:

- ☐ 1. Complete the application; sign and date the form.
- ☐ 2. Enter the FEIN number of business or social security number of applicant.
- ☐ 3. Attach the specified fee and any documents specified on the following pages. Make checks payable to: Department of Commerce.
- ☐ 4. If this form was pre-printed with your business, please review and clearly print corrections or new information where needed in red ink.
- ☐ 5. **Make a photocopy of the completed application for your records.**

<b>Business Information</b>	<b>Contact Person Information</b>
Federal Employer Identification Number (FEIN):	Social Security Number:
Business Name:	Individual's Name :
No. & Street, or P.O. Box:	Address No. & Street, or P.O. Box:
City, Town or Village, State, Zip + 4 Code:	City, Town or Village, State, Zip + 4 Code:
Country, If Other Than United States:	Country, If Other Than United States:
Business Telephone No. (include area code):	Telephone No. (include area code):
If Available, Business Fax No. (include area code):	

By signing below, the applicant swears that all information provided on this application is true, accurate and that the credential requirements are met.

\*The individual applying for a business credential shall be the owner of the contracting business, a partner in the contracting business applying on behalf of a partnership, or the chairman of the board or chief executive officer applying on behalf of the contracting corporation.

Applicant's Signature

Date (mo/day/yr)

**Send application and payment to:** State of Wisconsin, Department of Commerce-Credentialing, P.O. Box 78780, Milwaukee, WI 53293-0780

**Overnight mail delivery and Office location:** State of Wisconsin, Department of Commerce-Credentialing, 201 W. Washington Ave., Madison, WI 53703

**All other correspondence:** Wisconsin Department of Commerce, Safety & Buildings Div., P.O. Box 7082, Madison, WI 53707

## ELEVATOR CONTRACTOR LICENSE

**Credential Fee (nonrefundable): \$115.00** class code 8260

Make checks payable to: Department of Commerce. The fee consists of a \$15 application fee and a license fee of \$100. The credential will be effective for 2 years from the date of issuance.

\* **Notice** Information collected may be used for participation surveys, eligibility for approvals, law enforcement (including child support and tax delinquency enforcement) purposes and other secondary purposes. The Department may also provide this information to requesters pursuant to Wisconsin's open records law, ss. 19.31-19.39 stats. Social security numbers are required when applying for a license according to Wisconsin Stats. But they may not be disclosed to anyone except other State of Wisconsin governmental agencies.

**Reason for Certification:** A person or entity who holds a credential issued by the department as a licensed elevator contractor may engage in the business or offer to engage in the business of constructing, installing, altering, servicing, replacing or maintaining conveyances.

A person, entity or business is not required to hold a license as a licensed elevator contractor to service or maintain existing conveyances within facilities or properties owned by the person, entity or business.

**Requirements of Credential:** (a) A licensed elevator contractor shall be responsible for the contractor's work on conveyances with respect to compliance to ch. Comm 18.  
(b) A licensed elevator contractor shall utilize the appropriately licensed or registered individuals to construct, install, alter, service, replace or maintain conveyances.  
(c) For any construction, installation, alteration, repair or replacement of a conveyance or conveyance component that requires a permit under s. Comm 18.1009, a licensed elevator contractor may not commence the work until a permit is issued for the project.  
(d) A licensed elevator contractor shall maintain their liability insurance as specified under s. 101.985 (1), Stats.

## **APPLYING FOR ELEVATOR CONTRACTOR LICENSE**

In accordance with Comm 5.9905 (3), a person applying for an elevator contractor license shall provide all of the following:

1. A statement certifying that the person complies with the worker's compensation requirements under ch. 102, Stats.
2. Evidence of compliance with the liability insurance requirements as specified under s. 101.985 (1), Stats.

**Liability Insurance:** The business has in force a policy of general liability insurance issued by an insurer authorized to do business in Wisconsin insuring the business in the amount of at least \$1,000,000 per occurrence because of bodily injury to or death of others and at least \$500,000 because of damage to the property of others.

Liability insurance policies must provide that it may not be canceled by the person covered by the insurer or Surety Company except on 30 days written notice served on the department in person or by certified mail. The person covered shall file with the department proof of replacement insurance or bond within the 30-day notice period and before the expiration of the policy or bond. The department may suspend without prior notice or hearing the elevator contractor license of a person who does not file satisfactory proof of replacement insurance or bond.

**YOUR CURRENT (not expired) INSURANCE CERTIFICATE MUST BE ATTACHED TO THE APPLICATION AND MUST INDICATE THE FOLLOWING:**

1. The Certificate Holder is: DEPARTMENT OF COMMERCE, SAFETY & BUILDINGS, PO BOX 7082, MADISON, WI 53707-7082. (NOTE: the certificate holder information is usually located in the lower left hand corner on the certificate);
2. The company/person is insured for at least \$1,000,000 dollars per occurrence because of bodily injury to or death of others insurance and at least \$500,000 per occurrence because of damage to the property of others; and
3. The insured is the business listed on the application

**Unemployment Compensation Requirements:** By signing this form, the applicant is attesting that the business is making contributions or paying taxes required as Wisconsin unemployment compensation contributions under ch. 108, Stats., or federal unemployment compensation taxes under 26 USC 3301 to 3311. If unsure whether unemployment compensation contributions/taxes are required for the business, call Unemployment Compensation Division @ (608) 261-6700.

**Worker's Compensation Requirements:** By signing this form the applicant is attesting that the business, if required under s. 102.28 (2), Stats., has in force a policy of worker's compensation insurance issued by an insurer authorized to do business in Wisconsin or is self-insured in accordance with s. 102.28 (2), Stats. If unsure whether worker's compensation insurance or self insurance for worker's compensation is required for the business, call Worker's Compensation Division @ (608) 266-1340.